

# Foster Family Home - Deficiency Report

**Provider ID:** 1-628191

**Home Name:** Maritess Mercado, NA

**Review ID:** 1-628191-12

94-1085 Awanani Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 9/13/2021

| Foster Family Home | Required Certificate | [11-800-6] |
|--------------------|----------------------|------------|
|--------------------|----------------------|------------|

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

-Home inspection completed for a 2 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/13/2021.

Notice of Violation Order for suspected Fraudulent document will be addressed under separate cover.

| Foster Family Home | Background Checks | [11-800-8] |
|--------------------|-------------------|------------|
|--------------------|-------------------|------------|

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)

8.(a)(2)

Suspected fraudulent APS/CAN/Fingerprint dated 1/5/2017 for CG#2.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4)  
Cg#4, CG#5 have no disclosure form.

41.(b)(5)  
CG#4 has no ID in binder

41.(b)(7)  
CG#4 has no TB form for 2020 02 2021

41.(b)(8)  
CG#3 CPR/First Aid expired 4/2/2021.

## Foster Family Home

## Client Care and Services

[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)  
no delegation Cg#3, #4, #5 for Client #2



Compliance Manager



Primary Care Giver

9/13/2021

Date

9/13/2021

Date

ITN: 76KRI VAN HOUTEN

CTA RN Compliance Manager:

JULIE HASTINGS

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARITESS O. MERCADO

(PLEASE PRINT)

CCFFH Address: 94-1085 AWANANI ST. WAIKAPU, HI 96797

(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation?                              | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?  |
|-------------|---|-------------------------------|--|
| 41.(b)(4)   | Printed Blank Form & have SCG's [REDACTED] filled out and signed. It was placed into home record    | 10/7/2021                     | Home will write note reminder on my planner calendar as soon as new SCG gets approved so that disclosure form will be filled out right on time.                              |
| 41.(b)(5)   | SCG made a copy of SCG's ID and placed it to home record  | 10/7/2021                     | Home will have a written checklist to be placed in the the front of the SCG's binder where I can always see. To be able to know the documents to copy for SCG's record file. |
| 41.(b)(7)   | Lapse cannot be corrected latest TB symptom Screening form was signed by SCG's healthcare provider. | 10/7/2021                     | Home will write a note on a calendar 7 days before a TB Test due in order to renew.  |
| 41.(b)(8)   | CPR and First aid was able to renew for SCG and placed it into home record                          | 9/21/21                       | Home will use personal mobile phone calendar alarm 1 month before expiring in order to renew ahead of time.  |

☒ All items that were fixed are attached to this CAPPCG's Signature: Maritess O. MercadoDate: 10/13/21☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

JULIE HASTINGS

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

MARITESS O. MERCADO

(PLEASE PRINT)

CCFFH Address:

94-1085 AWANANI ST. WAIPAHU

(PLEASE PRINT)

| Rule Number          | Corrective Action Taken – How was each issue fixed for each violation?  | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?  |
|----------------------|---|-------------------------------|--|
| 43(c)(3)             | RN delegation was done for ■CG's #3,4,5 for Client #2   | 10/7/21                       | Home notify client's CMA that RN delegation needs to be done within 5 days of a caregiver being added to the home.   |
| 8.(a)(1)<br>8.(a)(2) | Lapse cannot be corrected<br>Advised ■CG that if she having problem making fingerprinting appointment She have to let me know so that I can help her.<br>Instead of making false copy by changing the date on a finger-printing result. | 10/7/21                       | Home will asked to show a receipt if the ■CG made an appointment of background checks especially fingerprinting. In order to have proof of appointment. It is also important to talk to ■CG's regarding this violation that could cause <del>proceed</del> fraudulent. |



All items that were fixed are attached to this CAP

PCG's Signature:

Marites O. Mercado

Date:

10/13/2021



CTA has reviewed all corrected items